Application or Docket Number													
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003													
10 +19++3													4
CLAIMS AS FILED - PART I (Column 1)						ımn 2)	SMA Typi		NTITY	OR	OTHER	THAN ENTITY	
TO	OTAL CLAIMS		38				R/	TE	FEE	7	RATE	FEE	1
FOR			NUMBER FILED .		NUMBER EXTRA		BAS	C FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			38_ minus 20=		• 18		XS	9=		OR	X\$18=	324,	(S)
IN	DEPENDENT C	4 _ minus 3 =		,		X	3=		OR	X86=	· 64.	1	
ML	JLTIPLE DEPE	NDENT CLAIM P	RESENT	-				 15=		1	+290=	87	P
* If the difference in column 1 is less than zero, en									 	OR	TOTAL		ŀ
								IAL		100		<u></u>	1
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								ALL	ENTITY	OR	OTHER SMALL		
M		CLAIMS REMAINING		HIGH	BER .	PRESENT	RA	TE	ADDI- TIONAL	1	RATE	ADDI- TIONAL	
		AFTER AMENDMENT		PAID		EXTRA		-	FEE		MAIL	FEE	
AMENDMENT	Total	.38	Minus	-12	<u>5) </u>	-2	XS	9=		OR	X\$18=		ŀ
AME	Independent	<u> </u>	Minus		3	1-D	·X4	3=	•	OŘ	X86≠	•	-
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								5=	,	OR	+290=		٠
								OTAL		1	TOTAL		·
17.	1.1F							FEE		OR.	ADDIT. FEE	·	
(Column 1) (Column 2) (Column 3)											_		•
81)	05/06	REMAINING, AFTER		NUME PREVIO	ER	PRESENT EXTRA	RA	ΓE	ADDI- TIONAL		RATE	· ADDI- TIONAL	ı
ME	Total	AMENDMENT	Minus	PAID I	<u>Q</u>		-		FEE			FEE	. .
AMENDMENT B	Independent	. 4	Minus	ر: + ا	}	-/-	XS	<u>-</u>		OR	X\$18=	: /.	į
7		NTATION OF MIL	1	ENDENT	CLAIM		. X4	<u>-</u>		OR	X86=	• /	i.
	•	•	•		•		+14	5- :		OR	+290=	2	
										OR .	TOTAL ADDIT, FEE	4	Ü
(Column 1) (Column 2) (Column 3)													
Ü	•	CLAIMS. REMAINING	••.	HIGHE		PRESENT		. 1	ADDI-	1		-ADDI-	٠.
AMENDMENT	•	AFTER AMENDMENT		PREVIO	USLY	EXTRA	RAT	E	TIONAL FEE		RATE	TIONAL	ĉ
3	Total	•	Minus	•• '		= .	XS	_		OR	X\$18=	.	
3	Independent	•	Minus	***		•	X43		•		X86=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									· -	OR		·	١.
* If the entry in column 1 is less than the entry in column 2, write 'V' in column 3.													
· #	the "Highest Nur	nber Previously Pa	H For IN THIS	SPACE IN	less than	20. mater "20"	ADDIT	TAL	•	OR ,	TOTAL DOTT. FEE	ş	:
• 1	ne Tighest Num	mber Previously Pe ber Previously Paid	is F (IN THI) I For (Total or	STACE is and pender	tees than 10 is the	n 3, enter "3." highest number			roorlat box				: